REQUEST FOR PATENT FEE REFUND &							
1 Date of Request: <u>526/05</u>	26/05 2 Serial/Patent				1888 888 898	10/522 788	
3 Please refund the following fee(s):		4 PAPER NUMBER		5	DATE FHLED	6 AMOUNT	
√ Filing (1632 FC)					/288 36891	\$ 100.00	
Amendment					165/29 16H 68	\$	
Extension of Time					HARRE	\$	
Notice of Appeal/Appeal					26명 1632	\$	
Petition					2)8\$\$ 2 FC:	\$	
Issue					<b>8</b> 56	\$	
Cert of Correction/Terminal Disc.						\$	
Maintenance			·		-	\$	
Assignment						\$	
Other						\$	
		7 TOTAL AMOUNT OF REFUND \$ 100,000					
		8 TO BE REFUNDED BY:					
10 REASON:			Treasury Check				
✓ Overpayment		Credit Deposit A/C #:					
Duplicate Payment			9				
No Fee Due (Explanation):							
Changed FC 1632 - 500.00 to							
1642-\$HW.00							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: Barbara CANABELL TITLE:							
SIGNATURE: BLC			Re <b>phone:</b> 65/2005 0038922199				
OFFICE:							
THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPROVED: DATE: And Exp XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B